	"					
Labor Earnings	Units	This Check	YTD Amount	Payments	This Check	YTD Amount
Personal Assistance Servic	80	1,123.20	10,108.80	Total Earnings	1,123.20	10,108.80
				Social Security-Employee	-69.64	-626.76
				Medicare-Employee	-16.29	-146.61
				Federal Income Tax	-91.23	-866.43
				Pennsylvania State Tax	-34.48	-310.32
				Pennsylvania Unemploy	-0.67	-6.03
				Local Tax	-43.70	-393.30
Total Labor Earnings		1,123.20		Net Pay	867.19	7,759.35
Other Information	This Check	YTD Amount	Balance	Payment Method	Amour	nt
<del>-</del>				Checking: Ending in 6393	867.1	9
Tax Auth. Information	Filing Status A	Allow. Credits	Extra W/H	Rate Information	Amour	nt
	SINGLE SINGLE	1		Personal Assistance Service	s 14.0	4
Client(s) Served	•	Period Start	Period End			
C002693 - VERMALE FALC	CON	04/01/18	04/14/18			

PUBLIC PARTNERSHIPS LLC AS AGENT FOR EMPLOYER 1 CABOT ROAD, STE 102 MEDFORD, MA 02155 Phone: 1-877-908-1750 Citizens Bank

04/27/18

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Payable to:

Sakeia C. Leggett 374 Deveraux Ave. Philadelphia, PA 19111

Void After 90 Days

Labor Earnings	Units	This Check	YTD Amount	Payments	This Check	YTD Amount
Personal Assistance Servi	c 80	1,123.20	8,985.60	Total Earnings	1,123.20	8,985.60
				Social Security-Employee	-69.64	-557.12
				Medicare-Employee	-16.29	-130.32
				Federal Income Tax	-91.23	-775.20
				Pennsylvania State Tax	-34.48	-275.84
				Pennsylvania Unemploy	-0.67	-5.36
				Local Tax	-43.70	-349.60
Total Labor Earnings		1,123.20		Net Pay	867.19	6,892.16
Other Information	This Check	YTD Amount	Balance	Payment Method	Amou	nt
<del></del>	<del></del>		<del></del>	Checking: Ending in 6393	867.1	19
Tax Auth. Information	Filing Status	Allow. Credits	Extra W/H	Rate Information	Amou	nt
Federal Government PA State Government	SINGLE SINGLE	1		Personal Assistance Service	s 14.0	04
Client(s) Served		Period Start	Period End			
C002693 - VERMALE FAL		03/18/18	03/31/18			

PUBLIC PARTNERSHIPS LLC AS AGENT FOR EMPLOYER 1 CABOT ROAD, STE 102 MEDFORD, MA 02155 Phone: 1-877-908-1750 Citizens Bank

04/13/18

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Payable to:

Sakeia C. Leggett 374 Deveraux Ave. Philadelphia, PA 19111 Void After 90 Days

Sakeia C. Leggett 8E12834-amc Doc 29 Filed 08/08/1830/18 nterett 08/08/18350.04 Desc Main Document Page 3 of 21

Labor Earnings	Units	This Chec	YTD Amount	Payments	This Check	YTD Amount
Personal Assistance Service	c 80	1,123.20	7,862.40	Total Earnings	1,123.20	7,862.40
				Social Security-Employee	-69.64	-487.48
				Medicare-Employee	-16.29	-114.03
				Federal Income Tax	-91.23	-683.97
				Pennsylvania State Tax	-34.48	-241.36
				Pennsylvania Unemploy	-0.67	-4.69
				Local Tax	-43.70	-305.90
Total Labor Earnings		1,123.2	)	Net Pay	867.19	6,024.97
Other Information	This Chec	k YTD Amount	Balance	Payment Method	Amoui	nt
				Checking: Ending in 6393	— 867.1	9 .
Tax Auth. Information	Filing Status	Allow. Credits	Extra W/H	Rate Information	Amou	nt
Federal Government	SINGLE	1 .		Personal Assistance Services	s 14.0	<del></del> )4
PA State Government	SINGLE					
Client(s) Served		Period Star	t Period End			
C002693 - VERMALE FAL	.CON	03/ <b>0</b> 4/1	3 03/17/18			

PUBLIC PARTNERSHIPS LLC AS AGENT FOR EMPLOYER 1 CABOT ROAD, STE 102 MEDFORD, MA 02155 Phone: 1-877-908-1750 Citizens Bank

03/30/18

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Payable to:

Sakeia C. Leggett 374 Deveraux Ave. Philadelphia, PA 19111 Void After 90 Days

Labor Earnings	Units	This Check	YTD Amount	Payments	This Check	YTD Amount
Personal Assistance Serv	ic 80	1,123.20	6,739.20	Total Earnings	1,123.20	6,739.20
				Social Security-Employee	-69.64	-417.84
				Medicare-Employee	-16.29	-97.74
				Federal Income Tax	-91.23	-592.74
				Pennsylvania State Tax	-34.48	-206.88
				Pennsylvania Unemploy	-0.67	-4.02
				Local Tax	-43.70	-262.20
Total Labor Earnings		1,123.20		Net Pay	867.19	5,157.78
Other Information	This Check	YTD Amount	Вајапсе	Payment Method	Amour	nt
				Checking: Ending in 6393	867.1	9
Tax Auth. Information	Filing Status A	Allow. Credits	Extra W/H	Rate Information	Amour	nt
Federal Government PA State Government	SINGLE .	1		Personal Assistance Service	s 14.0	<b>→</b> 14
Client(s) Served	•	Period Start	Period End			
C002693 - VERMALE FAI	_CON	02/18/18	03/03/18			

PUBLIC PARTNERSHIPS LLC AS AGENT FOR EMPLOYER 1 CABOT ROAD, STE 102 MEDFORD, MA 02155 Phone: 1-877-908-1750 Citizens Bank

03/16/18

Payable to:

Sakeia C. Leggett 374 Deveraux Ave. Philadelphia, PA 19111

Void After 90 Days

Labor Earnings	Units	This Check	YTD Amount	Payments -	This Check	YTD Amount
Personal Assistance Servic	80	1,123.20	5,616.00	Total Earnings	1,123.20	5,616.00
				Social Security-Employee	-69.64	-348.20
				Medicare-Employee	-16.29	-81.45
				Federal Income Tax	-91.23	-501.51
				Pennsylvania State Tax	-34.48	-172.40
				Pennsylvania Unemploy	-0.67	-3.35
				Local Tax	-43.70	-218.50
Total Labor Earnings		1,123.20		Net Pay	867.19	4,290.59
Other Information	This Check	YTD Amount	Balance	Payment Method	. Amour	nt
Tax Auth. Information F	iling Status A	llow. Credits	Extra W/H	Checking: Ending in 6393 Rate Information	867.1 Amour	
	INGLE	1 .		Personal Assistance Services	14.0	<del></del> 04
Client(s) Served		Period Start	Period End			
C002693 - VERMALE FALCO	ON O	02/04/18	02/17/18			
				9		
				Carrier		9-8-22
				The Mark Control of the Control of t	**************************************	1.17
					*	1.17.70
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PUBLIC PARTNERSHIPS LLC AS AGENT FOR EMPLOYER 1 CABOT ROAD, STE 102 MEDFORD, MA 02155 Phone: 1-877-908-1750

Citizens Bank

03/09/18

Payable to:

Sakeia C. Leggett 374 Deveraux Ave. Philadelphia, PA 19111

Void After 90 Days

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Sakeia C. Leggett F008835 Case 18-12694-amc Doc 29 Filed 08/08/2/86/18 Enterer 08/08/2/86/18 Document Page 6 of 21

Labor Earnings	Units	Th	is Check	YTD Amount	Payments	This Check	YTD Amount
Personal Assistance Servic			1,123.20	4,492.80	Total Earnings	1,123.20	4,492.80
					Social Security-Employee	-69.64	-278.56
					Medicare-Employee	-16.29	-65.16
					Federal Income Tax	-91.23	-410.28
					Pennsylvania State Tax	-34.48	-137.92
					Pennsylvania Unemploy	-0.67	-2.68
<b>-</b>					Local Tax	-43.70	-174.80
Total Labor Earnings			1,123.20		Net Pay	867.19	3,423.40
Other Information	This Check	YTD A	mount	Balance	Payment Method	Amou	nt
Tax Auth. Information	Filing Status	Allow. C	redits	Extra W/H	Checking: Ending in 6393 Rate Information	867.1 <b>A</b> mour	
Federal Government PA State Government	SINGLE SINGLE	1	· .	<u> </u>	Personal Assistance Services	s · · · 14.0	<del>-</del> 94
Client(s) Served		Peri	od Start	Period End			
C002693 - VERMALE FAL	CON		01/21/18	02/03/18			

PUBLIC PARTNERSHIPS LLC AS AGENT FOR EMPLOYER 1 CABOT ROAD, STE 102 MEDFORD, MA 02155 Phone: 1-877-908-1750

Citizens Bank

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Payable to:

Sakeia C. Leggett 374 Deveraux Ave. Philadelphia, PA 19111

Void After 90 Days

Labor Earnings	Units	This Check	YTD Amount	Payments	This Check	YTD Amount
Personal Assistance Ser	vic 80	1,123.20	3,369.60	Total Earnings	1,123,20	3,369,60
				Social Security-Employee	-69.64	-208.92
				Medicare-Employee	-16.29	-48.87
				Federal Income Tax	-91.23	-319.05
				Pennsylvania State Tax	-34.48	-103.44
				Pennsylvania Unemploy	-0.67	-2.01
				Local Tax	-43.70	-131.10
Total Labor Earnings		1,123.20		Net Pay	867.19	2,556.21
Other Information	This Check	k YTD Amount	Balance	Payment Method	Amour	t
				Checking: Ending in 6393	867.1	<del>-</del> 9
Tax Auth. Information	Filing Status	Allow. Credits	Extra W/H	Rate Information	Атоиг	t
Federal Government PA State Government	SINGLE SINGLE	1		Personal Assistance Services	<u> </u>	4
Client(s) Served		Period Start	Period End			
C002693 - VERMALE FA	LCON	01/07/18	01/20/18			

PUBLIC PARTNERSHIPS LLC AS AGENT FOR EMPLOYER 1 CABOT ROAD, STE 102 MEDFORD, MA 02155 Phone: 1-877-908-1750

Citizens Bank

02/02/18

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Payable to:

Sakeia C. Leggett 374 Deveraux Ave. Philadelphia, PA 19111

Void After 90 Days

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Homepage Pay Statements W-2/1099 Reports

Pay Statement, Ch	eck Number 432622	2					Save	as PDF " 📆
Sakela C. Leggett 374 Devereaux Avenue Philadelphia PA, 19111-60	023				e Primary Care eny Ave Unit 1W PA, 19134	LLC		
Check Date         04/13/20           Period Begin         04/02/20	· · · · · · · · · · · · · · · · · · ·	e 10/04/2016 nd 04/08/2018		Company # Emp #		7185788 3153	Check#	432622 <b>392.64</b>
Earnings	<del></del>		<u> </u>			Deductions		
Description	Location	Rate	Hrs/Units	Current	Year To Date	Description	Current	Year To Date
Regular Sick	Philadelphia PA Philadelphia PA	12.0 12.0		0.00 480.00				
Total Earnings			40.00	480.00	4,956.00	Total Deductions	0.00	0.0
Memos						Taxes		
Description	Location	Rate	Hrs/Unit	Current	Year To Date	Description	Current	Year To Date
						Federal (480.00) (S/3) Soc Sec (480.00)  Medicare (480.00)  PA State (480.00)  PA SUI (480.00)  Philadelphia (480.00)	16.94 29.76 6.96 14.74 0.29	307.2 71.86 152.2 2.9
otal Memos				0.00	0.00	Total Tax	18.67 87.36	
Time Off Accruals						Net Pays		
Code	Accrued Us	eď	Balance	<u> </u>	-	Description	Current	Year To Date
Sick		40.00	-40.0	0		Check Savings 1 (****6393)	0.00 392.64	0.00
						Total Net Pay	392.64	4,177.45

<sup>&</sup>lt;sup>1</sup> Pre-Tax Deductions; reduces taxable wages \*\* You need Adobe® Reader® to read PDF files Download Adobe Reader (http://get.adobe.com/reader/) for free

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#### PROVIDER PAYMENT SUMMARY

Payment: 361,9570

CCIS of Philadelphia County - Northeast 1926 Grant Avenue Philadelphia, PA 19115-4307 (215) 333-1560 Toll-Free 1-888-461-5437

Pay To:

AN APPLE A DAY CHILD CARE CENTER LLC 374 DEVEREAUX AVE PHILADELPHIA, PA 19111-6023

Payment Amount		\$1	,671.65
Payment Date	1 12 4 120	04/	11/2018

## **Payment Calculation Summary**

ln ID	volce	MPI ID	Provider ID	Provider Legal Entity	Provider Location	Local ID	Туре	Service Period	Amount
43:	29428	103246698	2114034856-1	AN APPLE A DAY CHILD CARE CENTER LLC	LITTLE TIKES FAMILY CHILDCARE CENTER		Family	March 2018	\$1,671.65

**Total Payment Amount:** 

\$1,671.65

#### **Payment Calculation Detail**

Involce #:

4329428

**Provider Location:** 

LITTLE TIKES FAMILY CHILDCARE CENTER

Service Period:

March 2018

Service i eriou.		March 2010					
Individual Number	County/ Record#	Child Name	Care Level	Unit	Number of Days	Amount	Tota
			Older Toddler	Full Time Care	22	\$29.65	\$652.30
	1.		÷.,			Subtotal:	\$652.30
	5	1 2 2	 		Care Lev	rel Subtotal:	\$652.30
			Preschool	Full Time Care	22	\$27.85	\$612.70
						Subtotal:	\$612.70
		4.5			Care Lev	el Subtotal:	\$612.70
			Older-School-Age	Full-Time-Care		\$25:65-	<del></del> \$436.0!
				Non-Traditional Full Time Care	4	\$25.65	\$102.6
				Copay Detail	4	(\$33.00)	(\$132.00
						Subtotal:	\$406.65
					Care Lev	/el Subtotal:	\$406.6
Invoice Subto	tal:				100		\$1,671.68
Involce Total:						- *	\$1,671.68

04/12/2018

Correspondence ID: 27403192 Page 1 of 1 Case 18-12694-amc Doc 29 Filed 08/08/18 Entered 08/08/18 13:50:04 Desc Main Document Page 19 of 21

## PROVIDER PAYMENT SUMMARY

Payment: 3604144

CCIS of Philadelphia County - Northeast 1926 Grant Avenue Philadelphia, PA 19115-4307 (215) 333-1560 Toll-Free 1-888-461-5437

Pay To:

AN APPLE A DAY CHILD CARE CENTER LLC 374 DEVEREAUX AVE PHILADELPHIA, PA 19111-6023

Payment Amount		\$1,253.50
Payment Date	14.4	03/12/2018

## **Payment Calculation Summary**

Invoid	Çe	MPI ID	Provider ID	Provider Legal Entity	Provider Location	Local ID	Type	Service Period	Amount
ID	$A_{i}^{*}(\tau, r)$							5. 5.	
43145	17	103246698	2114034856-1		LITTLE TIKES FAMILY		Family	February 2018	\$1,253.50
ı		1		CARE CENTER LLC	CHILDCARE CENTER		l		

**Total Payment Amount:** 

\$1,253.50

## **Payment Calculation Detail**

Invoice #:

4314517

**Provider Location:** 

LITTLE TIKES FAMILY CHILDCARE CENTER

Service Period:

February 2018

	County/ Record#	Child Name			Care Level		Unit	Number of Days	Amount	Total
· · ·					Older Toddle	r	Full Time Care	10	\$29.65	\$296.50
	•	·					Non-Traditional Full Time Care	4 .	\$29.65	\$118.60
							Copay Detail	3	(\$35.00)	(\$105.00)
		11 12 12 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15			<del> </del>		\$1. 1. 1 <u>1. 1. 1</u>	. 4 4 7 2 - 4	Subtotal:	\$310,10
					Older Toddle	ır	Full Time Care	3	\$29.65	\$88,95
1. It									Subtotal:	\$88.95
en e					· · · · · · · · · · · · · · · · · · ·			Care Leve	Subtotal:	\$399,05
·,					Preschool		Full Time Care	10	\$27.85	\$278.50
							Non-Traditional Full Time Care	4	\$27.85	\$111 <i>.</i> 40
- 1						10.44		<u> </u>	Subtotal:	\$389.90
					Preschool		Full Time Care	3	\$27.85	\$83.55
			1 7	The No.	14.4	id to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Subtotal:	\$83.55
	1 4 4							Care Leve	l Subtotal:	\$473.45
	,				Older Schoo	I-Age	Full Time Care	16	\$25.65	\$410.40
							Non-Traditional Full Time Care	4	\$25.65	\$102.60
							Copay Detail	4	(\$33.00)	(\$132.00)
The glade y									Subtotal:	\$381.00
	<u> </u>		ar said	4. 70-4.1				Care Leve	l Subtotal:	\$3B1.00

 Date
 03/13/2018

 Correspondence ID:
 27126761

 Page 1 of 2

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# **Payment Calculation Detail Continued**

Invoice #:

4314517

Provider Location:

LITTLE TIKES FAMILY CHILDCARE CENTER

Service Period:

February 2018

Individual County/ Number Record#	Child Name	Care Level Unit	Number of Days	Amount Total
Involce Subtotal:			1 884 1 1 1 H	\$1,253.50
Invoice Total:			The second of th	\$1,253.50

03/13/2018

Correspondence ID: 27126761

Page 2 of 2

Case 18-12694-amc Doc 29 Filed 08/08/18 Entered 08/08/18 13:50:04 Desc Main Document Page 21 of 21

## PROVIDER PAYMENT SUMMARY

Payment: 3589792

CCIS of Philadelphia County - Northeast 1926 Grant Avenue Philadelphia, PA 19115-4307 (215) 333-1560 Toll-Free 1-888-461-5437

Pay To:

AN APPLE A DAY CHILD CARE CENTER LLC 374 DEVEREAUX AVE PHILADELPHIA, PA 19111-6023

 Payment Amount
 \$1,432.45

 Payment Date
 02/12/2018

# **Payment Calculation Summary**

Invoice ID	MPI ID	Provider ID	Provider Legal Entity	Provider Location	Local ID	Туре	Service Period	Amount
4299240	103246698	2114034856-1	AN APPLE A DAY CHILD CARE CENTER LLC	LITTLE TIKES FAMILY CHILDCARE CENTER		Family	January 2018	\$1,432.45

**Total Payment Amount:** 

\$1,432.45

## **Payment Calculation Detail**

Invoice #;

4299240

Provider Location:

LITTLE TIKES FAMILY CHILDCARE CENTER

Service Period:

January 2018

Individual Number	County/ Record#	Child Name	Care Level	Unit	Number of Days	Amount	Tota
			Older Toddler	Full Time Care	14	\$29.65	\$415.1
				Non-Traditional Full Time Care	5	\$29.65	\$148.2
				Copay Detail	5	(\$17.00)	(\$85.00
	· <u></u>					Subtotal:	\$478.3
				<u> </u>	Care Lev	vel Subtotal:	\$478.3
			Preschool	Full Time Care	14	\$27.85	\$389.9
				Non-Traditional Full Time Care	5	\$27.85	\$139.2
<u> </u>		<u> </u>				Subtotal:	\$529.1
<u> </u>	· · ·	<u> </u>			Care Lev	/el Subtotal:	\$529.1
			Older School-Age	Full Time Care	19	\$25.65	\$487.3
				Non-Traditional Full Time Care	4	\$25.65	\$102.60
				Copay Detail	5	(\$33.00)	(\$165.00
·	<u> </u>				Υ.	Subtotal:	\$424.98
					Care Lev	el Subtotal:	\$424.96
Invoice Subt							\$1,432.45
Invoice Tota	l:					<del></del>	\$1,432.46

Date

02/13/2018

Correspondence ID: 26875167

26875167 Page 1 of 1